

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	)	Examiner:
Thomas F.A. Piljs	)	Monzer R. Chorbaji
	)	
Serial No.: 10/601,009	)	Art Unit: 1744
	)	
Filed: June 17, 2003	)	Conf. No.: 5778
	)	
Title: PASTEURIZING OR STERILIZING	)	

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Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

In regard to the above identified application, we are transmitting herewith the attached:

1. Amendment and Response to Office Action,
2. Declaration of Thomas Snoeren, and
3. Petition for One-Month Extension of Time.

With respect to additional fees:

- \_\_\_\_\_ A. No additional fee is required.
- X   B. An additional fee is required and has been calculated as shown below:

CLAIMS AS AMENDED						
(1)	(2) Claims Re maining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	23	Minus	23	0	X \$50	= \$0.00
Indep. Claims	1	Minus	3	0	X \$200	= \$0.00
			Total Additional Claims Fees		\$0.00	
Petition/Request for Extension of Time			<u>1</u> month		\$120.00	
			Total Additional Fees for this Amendment		\$120.00	

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* Each multiple dependent claim should be counted as the number of claims from which it depends.

\_\_\_\_\_ C. Attached is a check in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ D. The Commissioner is hereby authorized to charge the total additional fee of \$\_\_\_\_\_ to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.

X  E. The Commissioner is hereby authorized to charge the Petition fee of \$120.00 to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: August 20, 2007

By Jane Hsu White  
Jane Hsu White, Reg. No. 57,531  
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